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EXHIBIT 7  
DATE 1-10-07  
HB 2

# **MONTANA ADVOCACY PROGRAM, INC.**

*The Civil Rights Protection & Advocacy System for the State of Montana*

January 10, 2007

Joint Appropriations Subcommittee for Health and Human Services  
Rep. Edith Clark, Chair

Madam Chair and Members of the Committee,

As we said at the STEP hearing earlier this week, when the new State Hospital building appropriation was being considered 15 years ago, NAMI urged the legislature not to build more beds on the Warm Springs campus, because Montana did not need those beds in Warm Springs.

Today, MAP again urges this legislature not to build more beds on the Warm Springs campus.

We urge you instead: Help us build those beds in our communities, where they are badly needed. Please build them where they will serve our towns and our regions, where they will give us the capacity to respond to our community crises without immense strain on our law enforcement officers, our courts and our families.

Members of this committee have asked for alternatives to the Department's STEP proposal. Thirty six hours is not a lot of time to develop a plan to transform the public mental health system, but here is a proposal that would provide relief to our communities, while also supporting the success of probationers and parolees:

1. Develop 90 Behavioral Health Inpatient Facility (BHIF) beds, which are secure, intensive, Medicaid-eligible treatment facilities of 16 beds or less. Use some of the \$6.2 million designated in the executive budget for remodeling the Receiving Hospital and the Xanthapoulos building as start up funds.
2. As BHIF's come on line, patients will be civilly committed to BHIF's, instead of the State Hospital. BHIF's are expected to cost \$350 to \$500 per day, or somewhat more than per day than the State Hospital, but there will be savings through more rapid discharge of patients and because Medicaid offsets some of the costs of care.
3. The State Hospital will retain one wing (35 beds) for civil commitments, accepting only the most treatment-refractory and difficult-to-serve patients. (Some of the \$6.2 million remodeling budget can be used to fund transition services for current State Hospital patients during downsizing.)

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4. The remaining Hospital wings—102 beds—will become forensics beds, with each wing providing a different level of security or intensity of care. Some of the \$6.2 million remodeling budget can be used to adapt the facility for higher security.
5. There will be 137 patients at the State Hospital, and 90 secure community beds in BHIF's, for a total of 227 beds, including 125 secure civil beds. (There are currently 135 to 140 civilly-committed patients at the State Hospital.)
6. MHSP will be fully funded, so that it can accommodate forensic patients returning to the community, BHIF patients returning to the community, and the current level of unmet need. We think MHSP needs at least \$8 million more per year to be a viable non-Medicaid, low-income community mental health service, with a realistic pharmacy benefit.
7. A properly funded and structured MHSP, combined with BHIF's that are designed with regional needs in mind, will save money for the state and local communities:
  - ☐ Law enforcement will be able to divert low level offenders directly into community services.
  - ☐ Mental Health Courts will have treatment programs to refer participating offenders to. (Mental Health Courts are not service providers and don't work if the offender cannot access community services.)
  - ☐ The parole and probation systems will have a community services system to refer clients to.

We would also like to make an observation about the security argument often emphasized by proponents of the Department's STEP proposal. Security is a serious issue for any acute inpatient mental health program. But according to the Department, STEP is intended to be a *step* in the progress of an inmate with mental illness--from crisis and psychosis to wellness and recovery. STEP is intended to evaluate, treat and discharge inmates, generally to lower security levels at the prison or to community services. Most STEP inmates will require a high level of security at admission, and then increasingly lower levels of security.

And finally, the Montana Advocacy Program endorses the budget recommendations of the SAA's and urges this committee to adopt them.

Thank you very much for considering these recommendations.

Yours truly,

  
Anita Roessmann